STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016897	A. BUILDING: _____ B. WING _____	R-C 01/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AARNA FAMILY CARE LLC	**2427 RUSSET ST RACINE, WI 53405**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{M 000}	INITIAL COMMENTS On 01/02/2024, Surveyors conducted a standard survey, verification visit, and 4 complaint investigations. As a result, 4 deficiencies were identified. Two of 4 deficiencies were repeat citations. See Statement of Deficiency (SOD) 4L6J11, dated 10/13/2022, and SOD SML211, dated 10/27/2021. The 4 complaints were unsubstantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 4	{M 000}		
M 332	88.05(4)(a) FIRE SAFETY-FIRE EXTINGUISHERS Fire extinguishers. Every adult family home shall be equipped with one or more fire extinguishers on each floor. Each required fire extinguisher shall have a minimum 2A, 10-B-C rating. All required fire extinguishers shall be mounted. A fire extinguisher is required at the head of each stairway and in or near the kitchen except that a single fire extinguisher located in close proximity to the kitchen and the head of a stairway may be used to meet the requirement for an extinguisher at each location. Each required fire extinguisher shall be maintained in readily usable condition and shall be inspected annually by the authorized dealer or the local fire department and have an attached tag showing the date of the last dealer or fire department inspection.	M 332		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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M 332	Continued From page 1 This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 1 of 1 fire extinguisher was inspected annually by an authorized dealer. The fire extinguisher, located in the hall, near the kitchen, contained a tag indicating the fire extinguisher was serviced in March 2022. Findings include: On 01/02/2024, 8:45 AM, Surveyor observed the fire extinguisher located in the hall, near the kitchen. The fire extinguisher's inspection tag indicated the fire extinguisher was serviced in March 2022. On 11/10/2022, at 1:30 PM, Surveyor interviewed Licensee A regarding the fire extinguishers annual inspection. Licensee A reported s/he was not aware the fire extinguishers were not up to date on inspections. Licensee A reported s/he would have the fire extinguishers inspected. On 01/04/2024, at 3:00 PM, Surveyor interviewed Administrator A. Administrator A confirmed s/he was aware of the code requirement. Administrator A reported s/he was not aware the fire extinguisher was not up to date on inspections. Administrator A reported s/he would have it serviced as soon as possible.	M 332		
M 336	88.05(4)(b)2 SMOKE DETECTORS-TESTING AND MAINTENANCE The licensee shall maintain each required smoke detector in working condition and test each smoke detector	M 336		

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M 336	Continued From page 2 monthly to make sure that it is operating. If a unit is found to be not operating, the licensee shall immediately replace the battery or have the unit repaired or replaced. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the facility's smoke detectors were tested monthly in 2023. The provider did not conduct monthly testing for 5 of 12 months in 2023. Findings include: On 01/02/2024, at 9:30 AM, Surveyor reviewed the facility's smoke detector test logs for 2023. There was no evidence of smoke detector testing in 08/2023, 09/2023, 10/2023, 11/2023, and 12/2023. On 01/04/2024, at 3:00 PM, Surveyor interviewed Administrator A. Administrator A was unsure of how often the smoke detectors were to be tested. Administrator A stated, "Isn't that supposed to be every 6 months?" Surveyor informed her/him of the code. Administrator A reported the testing was an oversight. Administrator A reported s/he would ensure the smoke detectors were inspected monthly.	M 336		
{M 458}	88.07(3)(a) PRESCRIPTION MEDICATIONS Every prescription medication shall be securely stored, shall remain in its original container as received from the pharmacy and be stored as	{M 458}		

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{M 458}	Continued From page 3 specified by the pharmacist. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure prescription medications were securely stored in 1 of 1 refrigerator. Resident 1's Florajen medication was stored in the refrigerator door and unsecured. This is a repeat deficiency. See Statement of Deficiency 4L6J11, dated 10/13/2022. Findings include: On 01/02/2024, at 9:00 AM, Surveyor observed Resident 3's bubble packed Florajen medication stored in the refrigerator door. The medication was not in the locked medication pouch. There were 8 pills missing from the bubble packaging. The package indicated the medications were prepared on 12/21/2023. On 01/02/2024, at 9:00 AM, Surveyor interviewed Caregiver F regarding the unsecured prescription medications. Caregiver F reported Resident 3's medication required refrigeration. Caregiver F reported the bubble package the medication came in did not fit in the locked medication bag. On 01/04/2024, at 3:00 PM, Surveyor interviewed Administrator A. Administrator A confirmed s/he	{M 458}		

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{M 458}	Continued From page 4 was aware of the code requirement. Administrator A reported all refrigerated medications were stored in the locked medication pouch. Administrator A reported s/he was unaware Resident 3's medication was not securely stored. Administrator A reported the pharmacy must have changed packaging as the medication usually came in a small package which fit in the pouch. Administrator A reported s/he would ensure the medication was securely stored.	{M 458}		
M 570	88.10(3)(l) Safe Physical Environment Individuals, except for correctional residents, have basic rights which they do not lose when they enter an adult family home. A resident shall have a safe environment in which to live. The adult family home shall safeguard residents who cannot fully guard themselves from environmental hazards to which they are likely to be exposed, including conditions which would be hazardous to anyone and conditions which would be or are hazardous to a particular resident because of the resident's condition or disability. This Rule is not met as evidenced by: Based on observation, and interview, the provider did not ensure water temperatures did not exceed 115° Fahrenheit (F) for 1 of 1 resident bathroom. The hot water temperature at the bathroom faucet, utilized by residents, was 133° F. This is a repeat deficiency. See Statement of Deficiency (SOD) SML211, dated 10/27/2021.	M 570		

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M 570	Continued From page 5 Findings include: The provider is licensed to provide services for up to 4 residents who may have Alzheimer's/dementia, emotionally disturbed/mental illness, developmental disability, physical disability, and/or be advanced aged. On 01/02/2024, at 9:25 AM, Surveyor tested the water from the resident's bathroom faucet. The water temperature reading was 133° F. On 01/04/2024, at 3:00 PM, Surveyor interviewed Administrator A. Administrator A confirmed s/he was aware of the code requirement. Administrator A s/he was unaware the water temperature was 133° F. Administrator A reported s/he would have the hot water heater adjusted. "Exposure to hot water is a potential environmental danger for residents. Elderly residents and residents with mental and physical disabilities may have neurological conditions that prevent instant recoil from hot water. Because these individuals do not instantly react to dangerous temperature levels, they are at particular risk for injury. Hot water can cause scalding; e.g. second and third degree burns in which the skin blisters and swells. In such instances, skin does not return to normal and forms scar tissue upon healing. These burns may lead to permanent disability." (DQA Publication-01942, Hot Water Temperatures in Adult Family Homes, August 2017.)	M 570		